

National Mental Health Commission

Annual Report 2017–18



Australian Government

National Mental Health Commission

Contact us

This Annual Report is available online at www.mentalhealthcommission.gov.au

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Australian Government

National Mental Health Commission

The Hon. Greg Hunt MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the Annual Report of the National Mental Health Commission for the period ending 30 June 2018.

This Annual Report has been prepared in accordance with section 70 of the *Public Service Act 1999* and section 46 of the *Public Governance, Performance and Accountability Act 2013* and Division 3A of the *Public Governance, Performance and Accountability Rule 2014*. The Annual Report has been prepared to meet the requirements of section 70(2) of the *Public Service Act 1999*.

I submit this Annual Report in accordance with section 70(1) of the *Public Service Act 1999* for presentation to the Australian Parliament.

The Annual Report includes the National Mental Health Commission's annual performance statements and audited financial statements as required by section 39 and section 42 of the *Public Governance, Performance and Accountability Act 2013*.

I certify that the National Mental Health Commission has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet the needs of the Commission, and that all reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

Yours sincerely

A handwritten signature in blue ink, consisting of a stylized 'M' followed by a wavy line.

Ms Maureen Lewis
Interim Chief Executive Officer

2 October 2018

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Contributing Lives, Thriving Communities

Our vision

All people in Australia are enabled to lead contributing lives in socially and economically thriving communities.

Our mission

Promote understanding of the outcomes that matter and drive transformational change across service systems for people with lived experience of mental health issues.

Our values

Excellence

- We believe everyone is capable of great things in a great environment.
- We strive for success and celebrate it when we achieve it.
- We know and use evidence to inform our decisions.
- We support innovation and continuous improvement, and are committed to helping to build the evidence base.
- We are credible and trusted.

Integrity

- We are honest and trustworthy in all that we do.
- We stand up for what we believe in.
- We respect each other's differences.
- We value human rights and social justice.
- We believe in equity and opportunity for all.

Collaboration

- We value individuals, interactions and connectedness.
- We respect and acknowledge everyone's input, skills and experience.
- We believe in working together.
- We acknowledge the importance of effective communication.
- We support engagement and participation at all levels to enhance our outcomes.

Accountability

- We value our independence and transparency.
- We take accountability for our commitments and actions and expect no less of others.
- We are reflective and open to feedback.
- We ensure correct information.

*At the Commission we believe that everyone has the right to lead a
Contributing Life, built from:*



Message from the Chair



I am delighted to be addressing my first National Mental Health Commission (the Commission) Annual Report as Chair. I give my sincere thanks to our previous Chair, Professor Allan Fels AO, for his leadership and contribution to the Commission and the sector.

I also thank the incoming Commissioners who joined us this year and extend my gratitude to our outgoing Commissioners as they continue their work in improvements and reform in mental health and suicide prevention.

Mental health's prominence on the national agenda continues to grow. In May this year the federal budget saw the Commission receiving \$12.4 million over four years to strengthen our work in the mental health and suicide prevention systems, and to provide advice to government and the community, to achieve better outcomes for people who need support. On top of that, the budget also delivered \$338.1 million over the next four years for a range of initiatives in areas such as suicide prevention, digital mental health services and mental health research. While there is still progress to be made, these figures enforce the need for greater awareness and more effective services.

There are significant reforms currently underway. These include the role of the Primary Health Networks (PHNs) in planning and commissioning mental health and suicide prevention services at the regional level. A regional approach to service planning and delivery is already delivering better outcomes. We are encouraged to see PHNs particularly adopting a co-design approach to their planning and commissioning. We continue to monitor and provide input into the roll out of the National Disability Insurance Scheme.

In any one year, mental health conditions impact all Australian organisations by almost 1.1 million days of absenteeism and 1.5 million days of presenteeism. Mental health issues are the leading cause of absenteeism and long-term work incapacity in Australia costing our economy \$12.8 billion each year. The need for mentally healthy workplaces is evident. As a result, a strategic priority for the Mentally Healthy Workplace Alliance is the National Workplace Initiative which will build on and leverage the good work happening across Australia to provide nationally consistent guidance and implementation support. Our vision is to develop a handbook and online tools to support workplaces to develop and implement their strategy, and to provide practical implementation support for workplaces.

I thank the Commissioners and staff for their efforts during the 2017/18 financial year and am looking forward to the next twelve months of reform, innovation and progress in the mental health sector.

A handwritten signature in black ink, reading "Lucinda Brogden".

Mrs Lucinda Brogden
Chair

Interim CEO's Review



I am pleased to present the Commission's 2017–18 Annual Report. It has been a privilege to act as Interim Chief Executive Officer following Dr Peggy Brown AO. Dr Brown steered the Commission for eighteen months. She made a tremendous impact on our staff and stakeholders and we thank her for her contributions to mental health reform.

The past year has seen the Commission continue our vital role of monitoring and reporting on the performance of the mental health system and determining what is working and what is not. We report independently to the Minister for Health and provide advice to the government and the community. Our engagement with stakeholders supports the Commission's goal to facilitate meaningful participation to improve the mental health and suicide prevention system in Australia.

Within the organisation, as well as our staff, our Commissioners are integral in paving the way for vital reforms within the sector. In February 2018, Mrs Lucinda Brogden commenced as Chair of the Commission. We bid farewell to Professor Allan Fels AO who chaired the Commission from its inception in 2012. We are grateful to Professor Fels for his passion and commitment not only to our organisation but his ongoing contribution to the mental health sector as a whole.

This year also saw the addition of Commissioners Professor Harvey Whiteford, Professor Wendy Cross, Professor Helen Milroy and Professor Ngiare Brown. We bid farewell Professor Allan Fels AO, Dr Peggy Brown AO, Professor Ian Hickie AM, Mr Samuel Hockey, Professor Pat Dudgeon, Mr Rob Knowles AO and Ms Nicole Gibson, all of whom made valuable contributions to the Commission.

Commissioner Jackie Crowe passed away this year. Jackie's dedication and passion for making a difference to peoples' lives was well-known and loved within the sector.

Our key achievements

The Commission implemented the Australian Mental Health Leaders Fellowship (AMHLF). The AMHLF is a prestigious program developed and funded by the Australian Government and led by the National Mental Health Commission. The educational content has been designed and is delivered by the world-class University of Melbourne. Participants have been selected from across sectors including: academia, clinical practice, community and social care, first responders, industry and the professional services and include those with lived experience. This diversity is designed to increase collaboration and shared understanding between organisations and within participants' respective local/regional health and social services. These emerging leaders show enormous potential to influence and steer positive outcomes for mental health in whichever setting they are involved in. The AMHLF is not only important for the future of Australia's mental health sector, but an initiative we are keen to continue in years to come.

Our presence expanded as we appointed new staff and opened an office in Canberra. This new branch of the Commission strengthens our capacity to monitor and report on the mental health and suicide prevention system. On top of that, our Sydney team relocated to new premises allowing room for the organisation's growth into the future.

We engaged with the community and stakeholders nation-wide with Commission meetings held in Adelaide, Townsville, Broome, Launceston and Newcastle. Consumers and carers are at the centre of the Commission's work, and visiting communities across Australia not only gives us the opportunity to share the work of the Commission, but also to hear firsthand the successes and challenges being experienced in mental health and suicide prevention.

At the end of 2017, we released the National Mental Health Commission's National Report on Mental Health and Suicide Prevention. We reported on the outcomes of our engagement with stakeholders and the work of the Commission to help shape a mental health and suicide prevention system that can respond to peoples' needs more effectively.

Some of our key projects

The Commission continues to monitor and report, at a high level, on the National Disability Insurance Scheme (NDIS). We have heard, and there have been a number of reviews, highlighting significant issues for individuals with a psychosocial disability seeking to engage with the NDIS.

The Commission is monitoring the National Disability Insurance Agency's development and implementation of a tailored psychosocial disability pathway. We are also monitoring the availability of services for people with a mental illness that are not eligible for the NDIS.

The Commission's former Chair, Professor Allan Fels AO, launched our Equally Well National Consensus Statement (the Statement) on 25 July 2017. The Statement calls for equality in health care for people who live with a serious mental illness. Over 50 organisations, including all state and territory governments, have committed to supporting Equally Well.

We developed a new approach to our monitoring and reporting. We consulted with our key stakeholders around Australia to seek input from consumers and carers, service providers, policy and decision makers about Australia's monitoring and reporting on mental health and suicide prevention. The findings will guide our annual national reports to government and the community.

We've monitored the progress and implementation of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). Data was collected from 51 stakeholders between April and June 2018 which will be supported by analysis of the available performance indicators for the first report. This report will be submitted to the COAG Health Council in the 2018/19 financial year.

We collaborated with a lived experience steering group to better understand consumer and carer engagement policies and practices across Australia's mental health and suicide prevention systems. Over 1,000 people participated in our program - Engage and Participate in Mental Health - through online surveys, webinars, interviews and community conversations. The Commission is now considering the findings, implications and next steps.

We held a national consultation to build a better understanding of the connection between housing, homelessness and mental health. Key findings are in the report Housing, Homelessness, and Mental Health: outcomes from the National Mental Health Commission's consultation in 2017.

Conclusion

At the Commission, we're invested in how the mental health sector and people with lived experience of mental illness and their carers are being engaged in reform. We will provide advice to government that presents the voice of those affected by these changes, to provide a 'big picture' view. In evolving our approach to reporting, you can expect us to consult widely and partner with people and organisations to report back on what matters.

We are looking forward to collaboratively and creatively bringing about changes to our mental health systems, so that all of us as a community can achieve the best possible mental health and wellbeing in Australia.

Finally, I would like to convey my sincere appreciation for the energy and dedication shown by Commissioners and the Commission staff over the past year. Together with our stakeholders, we will work hard to achieve the best possible mental health and wellbeing in Australia.

A handwritten signature in blue ink, consisting of a series of fluid, connected loops and strokes, representing the name Maureen Lewis.

Ms Maureen Lewis
Interim Chief Executive Officer

Overview

The National Mental Health Commission (the Commission) is an independent executive agency under the *Public Service Act 1999* and a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*. The Commission is part of the Minister for Health's portfolio and reports directly to the Minister for Health. We also report directly to the Prime Minister and the Minister for Health biannually.

The Chief Executive Officer (CEO) is the accountable authority under the *Public Governance, Performance, and Accountability Act 2013* and is responsible for the governance and performance of the Commission, and for working with the Chair and Commissioners to steer and manage the deliverables of the Commission. The Commission includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as ex officio Commissioner.

The Commission's role and functions are to support the Australian Government to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide. The Commission's budgeted outcome is to provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting and engaging consumers and carers.¹

The purpose of the Commission is to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems, and to act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission seeks to ensure that investment in mental health is both effective and efficient. We work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned. The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

The Commission seeks to engage with people with a lived experience of mental health issues, including carers and other support people, in all areas of our work. We affirm the right of all people to participate in decisions that affect their care and to determine the conditions that enable them to live contributing lives. Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

Throughout our existence, we have applied the *Contributing Life* framework to our work – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing.

A contributing life can mean many things. It can mean a fulfilling life

¹ Portfolio Budget Statements Program 1.1 2017-18 Health Portfolio, Portfolio Budget Statements, p.407

enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty. In short, it means thriving, not just surviving.

We will work to support individuals to: live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect; and be able to contribute to socially and economically thriving communities.

Indigenous people have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown, unemployment, racism, discrimination,

imprisonment, crime victimisation and alcohol and substance misuse.

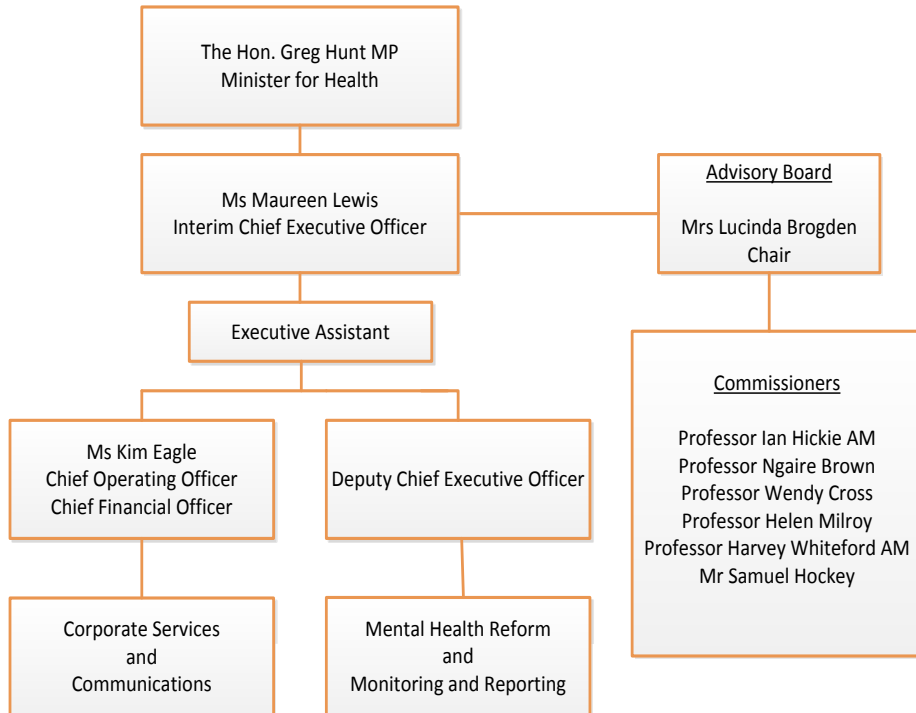
Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing is a priority across all our key work areas.

The Commission will facilitate collaboration across all sectors to promote mental health and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans' affairs and the broader system to maximise outcomes and integrate service provision.

The Chair and Commissioners, who bring a range of expertise and perspectives, provide strategic direction and independent advice which reflects the evidence they gather from the community, research and data. They are committed to giving a voice to the experiences of people living with mental health difficulties or suicide risk and their families and support people.

Our structure

As at 30 June 2018



Our Commissioners

The Advisory Board help set the Commission's strategic direction and priorities, and provide independent expertise and advice to the CEO.



Mrs Lucinda Brogden, Chair
April 2014 – July 2017 (Commissioner)
August 2017 – January 2018 (Co-Chair)
February 2018 – present (Chair)

Mrs Lucy Brogden brings extensive experience in psychology and has a strong commitment to helping others and building stronger communities.

Lucy's primary areas of focus are issues facing mental health and wellbeing particularly in the workplace and the community. She takes an evidence based approach to problem solving and social investment.

Lucy has more than 25 years of commercial experience with companies including Macquarie Group and Ernst & Young and more than ten years in organisational psychology. Specifically, Lucy has worked in trusted advisory roles with some of Australia's leading CEOs, Managing Partners, Ministers and Chairs in investment banking, finance, law and government.



Professor Harvey Whiteford
August 2017 - present

Professor Harvey Whiteford is a Professor of Population Mental Health at the University of Queensland and Professor of Global Health at the Institute of Health Metrics and Evaluation, University of Washington, USA.

He has trained in medicine, psychiatry, public health and health policy in Queensland, Stanford University in California and the Australian National University. He has held senior clinical and administrative positions including Director of Mental Health in the Queensland and federal governments and at the World Bank in Washington DC.



Professor Helen Milroy
August 2017 - present

Professor Helen Milroy is a Consultant Child and Adolescent Psychiatrist and Winthrop Professor at the University of Western Australia. She has held positions on state and national mental health advisory committees and boards with a particular focus on the wellbeing of children. Her work and research interests include holistic medicine, child mental health, recovery from trauma and grief, cultural models of care, Aboriginal health and mental health, and developing and supporting

the Aboriginal medical workforce.

She holds a degree in Medicine and Surgery, is a fellow of the Royal Australian and New Zealand College of Psychiatry and has completed a Certificate of Advanced Training in Child and Adolescent Psychiatry.



Professor Ngiare Brown
August 2017 - present

Prof Ngiare Brown is a Yuin nation woman from the south coast of NSW. She is a senior Aboriginal medical practitioner with qualifications in medicine, public health and primary care, and has studied bioethics, medical law and human rights.

She was the first identified Aboriginal medical graduate from NSW, and is one of the first Aboriginal doctors in Australia. Over the past two decades she has developed extensive national and international networks in Indigenous health and social justice, including engagement with the UN system. Ngiare is a clinician and researcher, and a chief investigator on multiple national and international grants. She works largely in the translation and implementation space, exploring how to utilise 'best evidence' to inform policy, resourcing and service delivery determinations.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association (AIDA). She is a founding member of the Pacific Region Indigenous Doctors' Congress (PRIDoC); and a member of the International Indigenous Genomics Alliance. She has served as a Director on a number of national Boards, including the Social Inclusion Board (Cth Government) and Australian Indigenous Mentoring Experience (AIME). She also serves as a Director on the Bangarra Aboriginal Dance Theatre Board, The Australian Research Alliance for Children and Youth (ARACY) Board and the National Centre for Indigenous Genomics Board. Ngiare was reappointed to the Prime Minister's Indigenous Advisory Council, and has recently been appointed as a Commissioner on the National Mental Health Commission.

Ngiare is now the Founding Director of Ngaoara, a not-for-profit dedicated to Aboriginal child and adolescent wellbeing. The work of Ngaoara explores culturally relevant approaches to childhood health and social and emotional wellbeing, and supports communities to develop strength based approaches to breaking intergenerational cycles of trauma and disparity.



Professor Wendy Cross
August 2017 - present

Professor Wendy Cross is a mental health nurse with 35 years' experience. Her primary research interests include clinical supervision, practice development, workplace learning and broad based research methods including quantitative and qualitative paradigms.

She is currently Associate Dean of Health and Head of Nursing at Torrens University and a former Professor of Mental Health Nursing at Monash Nursing and Midwifery, later appointed Professor and Head of School. She was previously the President of the Australian College of Mental Health Nurses and is a Fellow of the Australian College of Nursing. She has held senior executive and academic appointments in nursing at Monash Health, Deakin University and the University of Western Sydney.



Professor Ian Hickie AM
1 Jan 2012 – July 2018

Professor Ian Hickie AM is the Co-Director of Health and Policy at Sydney University's Brain and Mind Centre. His expertise is in early detection and improving treatments of depressive disorders. He was one of the first National Health and Medical

Research Council Australian Fellows and is now a Senior Principal Research Fellow. He has published over 400 peer-reviewed journal articles, 20 book chapters and 30 educational materials. From 2000–2003 he was the inaugural CEO of beyondblue and from 2003–2006 served as the organisation's Clinical Advisor.



Mr Samuel Hockey, Commissioner
August 2017 – July 2018

Mr Samuel Hockey is a mental health ambassador with lived experience of mental illness. He has been a youth lived experience representative on the Primary Health Network (PHN) Advisory Panel, Consumer and Carer Engagement Project Steering Group, Head to Health, Black Dog CRESPEL, and Suicide Prevention & Public Policy Modelling Project.

He is a member of North Western Melbourne's PHN Expert Advisory Board and Suicide Prevention Australia. Samuel is also a participant of the 2018 Australian Mental Health Leaders Fellowship.



Dr Peggy Brown, Chief Executive Officer and Commissioner
October 2016 – June 2018

Dr Peggy Brown AO has been involved in mental health leadership and advocacy roles for 30 years, with a deep understanding of the many challenges of meeting the social and health needs of people with mental health and substance use issues.

Previously the Chief Psychiatrist with the Northern Territory Department of Health, she has held roles with professional bodies such as the Royal Australian and New Zealand College of Psychiatrists, ACT Health and the Queensland Mental Health Commission.



**Professor Allan Fels AO,
January 2012 – August 2017 (Chair)
August 2017 – January 2018 (Co-Chair)**

Professor Allan Fels AO is a Professorial Fellow of Melbourne University's Law School. He was previously Dean of the Australia and New Zealand School of Government, an institution established by the governments of Australia, New Zealand, the states and territories and 16 leading universities that educate and train senior public sector leaders. He is also the Chairman of the Haven Foundation, which seeks to provide accommodation and support for the long-term mentally ill.

In the field of mental health Professor Fels services on a number of government advisory boards. He was a member of the Bayside Health Board for a number of years. He is a long-term advocate of mental health policy reform and a carer for his daughter.



**Ms Jackie Crowe, Commissioner
January 2012 – October 2017**

Ms Jackie Crowe was known for her dedication to encouraging greater understanding, compassion and respect for people affected by mental ill health, the suicidal mind and the families, friends and carers who journey with them. She was involved in mental health and suicide prevention issues in various advocacy, advisory, public speaking, research, consultancy and commissioner roles at the local, state, national and international levels.

Her work helped create an environment that values all people, social justice and ends discrimination. Always grounded in the perspectives of people affected by mental ill health and suicidal concerns, she was solution focused with an enthusiastic vision about what is possible.



**Mr Rob Knowles AO. Commissioner
January 2012 – July 2017**

Mr Rob Knowles is a farmer and company director.

He is Chairman of the Royal Children's Hospital, Director of the Silverchain Group of Companies, St John of God Healthcare Ltd, Global Health Ltd, IPG Ltd and Drinkwise Australia Ltd. He is a former Chair of Mental Health Australia and was a Commissioner on the National Health and Hospital Reform Commission.

He is a former Victorian Minister of Health, Housing and Aged Care and has a strong interest in services for people with a lived experience, their families and support people.



Professor Pat Dudgeon, Commissioner
January 2012 – July 2017

Professor Pat Dudgeon is from the Bardi people of the Kimberley area in Western Australia. She is a psychologist and research fellow at the School of Indigenous Studies at the University of Western Australia. Her areas of research includes Indigenous mental health and social and emotional wellbeing, and suicide prevention.

She is a member of the executive board of the Australian Indigenous Psychologists Association; the Co-chair of the national ministerial Aboriginal Torres Strait Islander Mental Health and Suicide Prevention Advisory Group; the project leader of the National Empowerment Project; and Chair of the National Aboriginal and Torres Strait Islander Leadership in Mental Health.

Report on Performance

Introductory statement

I, Maureen Lewis, as the accountable authority of the National Mental Health Commission, present the 2017–18 annual performance statement of the National Mental Health Commission as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). These results are reported against the performance measures outlined in the Commission's Corporate Plan 2017–2021 (CP) and the Commission's 2017–18 portfolio budget statement (PBS). It includes the activities, achievements and performance during the year to achieve our purpose.

In my opinion, this annual performance statement complies with subsection 39(2) of the PGPA Act, is based on properly maintained records and accurately reflects the performance of the Commission in the year ending 30 June 2018.



Ms Maureen Lewis
Interim Chief Executive Officer

Performance Targets 2017–18

PORTFOLIO BUDGET STATEMENTS

OUR OUTCOME

Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting and engaging consumers and carers

Program 1.1

The NMHC continues to increase accountability and transparency in mental health and suicide prevention through independent reporting and the provision of advice to the Australian Government and the community. The NMHC continues to lead projects that improve the policy, programs, services and systems that support mental wellbeing and suicide prevention in Australia.

Performance Criteria

A. Reporting on the national progress to improve mental health and prevent suicide

Performance criteria

- Publicly release an annual report on mental health and suicide prevention outcomes, ensuring a cross-sectoral perspective is taken where possible.
- Monitor performance on mental health reform across Australia, with benchmarking against agreed indicators and targets, where possible.

2017–18 Reference point or target

Annual National Report on Mental Health and Suicide Prevention published annually by 31 December 2017.

B. Improving system accountability, evidence and results

Qualitative performance criteria

- Provide mental health and suicide prevention policy advice to the Australian Government, developed in collaboration with consumers and carers and in consultation with stakeholders.
- Initiate research reports, discussion and policy papers to inform key policy or service delivery issues.
- Promote consumer and carer engagement and participation in the mental health system

2017–18 Reference point or target

Timely evidence-based advice is available to inform improvements in policy, programs, services and systems that support mental health and suicide prevention.

Opportunities for engagement and participation by consumers and carers in all levels of the mental health system have increased.

Performance criteria

Percentage of NMHC projects that have governance and advisory arrangements that include people with a lived experience of mental health issues.

Target 2017–18

100%

OUR PURPOSE

The National Mental Health Commission's purpose is to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems and to act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission will continue to seek to ensure investment in mental health is both effective and efficient. We will work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned and to enable their participation in government process.

The Commission seeks to engage with people with a lived experience of mental health issues, including carers and other support people, in all areas of our work. We affirm the right of all people to participate in decisions that affect their care and the conditions that enable them to live contributing lives. Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

Throughout its existence, the Commission has applied the Contributing Life framework to its work – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. The Commission will work to support individuals to live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect, and able to contribute to socially and economically thriving communities.

A contributing life can mean many things. It can mean a fulfilling life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty.

Indigenous people have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown, unemployment, racism, discrimination, imprisonment, crime victimisation and alcohol and substance misuse. Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing is a priority across all of the Commission's key work areas.

The Commission will facilitate collaboration across all sectors to promote mental health and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans affairs and the broader system to maximise outcomes and integrate service provision.

OUR KEY WORK AREAS

1. Hold the system to account for improved outcomes in mental health and suicide prevention
2. Facilitate improved approaches to suicide prevention
3. Support the role of Primary Health Networks in relation
4. Enhance consumer and carer engagement and
5. Promote the economics of mental health
6. Improve the physical health of people living with mental illness
7. Housing and homelessness and mental illness
8. Mental health research
9. Monitor the use of restrictive practices, including seclusion and restraint
10. Aboriginal and Torres Strait Islander mental health
11. Emerging Priorities
12. Continuously improve the Commission's operations

PERFORMANCE RESULTS

Performance criteria:

- Hold the system to account for improved outcomes in mental health and suicide prevention, National Mental Health Commission Corporate Plan 2017–18 (CP) p. 8
- Prepare and disseminate the national report on mental health and suicide prevention, Portfolio Budget Statements 2017–18 (PBS) pp. 409–410
- Undertake research, analysis and evaluation on key national priorities and data gaps, PBS pp. 409–410

National Report on Mental Health and Suicide Prevention

The Commission published the 2017 National Report on Mental Health and Suicide Prevention on 22 December 2017.

It is available

at: www.mentalhealthcommission.gov.au

The 2017 National Report provided information on a range of mental health reforms in Australia including the National Disability Insurance Scheme and the role of Primary Health Networks. The Report includes commentary on reforms as a result of stakeholder consultation.

The Commission also commenced work on the 2018 National Report on Mental Health and Suicide Prevention, which will report on the progress and outcomes of key national reforms, as well as progress against the Contributing Lives Framework. The 2018 National Report will be publically released by 31 December 2018.

Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)

In August 2017, the Commission was given a number of clearly defined roles under the Fifth Plan, which include: delivery of an annual report on the progress and implementation of the Fifth Plan, including reporting on performance against identified indicators; collaboration to develop a consumer and carer guide, a national mental health research strategy, and Peer Workforce development guidelines.

Throughout the year, we have been undertaking work to progress these priorities, and will provide its report on the progress and implementation of the Fifth Plan to the Council of Australian

Governments Health Council in October 2018.

National Disability Insurance Scheme (NDIS)

The Commission continued to monitor the experiences of people with a psychosocial disability seeking to access the NDIS to inform our reporting, including what supports and services are available for people with a mental illness who are not eligible for the NDIS, and how the NDIS interacts with other systems such as health, education, and employment. The Commission has formed working relationships with the National Disability Insurance Agency, the Department of Social Services and the Department of Health to support its role in monitoring the rollout of the NDIS. The NDIS will continue to remain a key focus for the Commission in its monitoring and reporting.

Monitoring and reporting

The Commission finalised a monitoring and reporting framework 2018 to 2022, and into the future. The Commission received advice from Nous Group on the best approach to guide the Commission's monitoring and reporting, which was further enhanced by an Advisory Committee, an online public consultation and cross sector face-to-face interviews and workshops, held in each state and territory.

The Commission is considering the final report to guide independent national monitoring and reporting which may include using multiple reports throughout the year and a variety of formats to reach different stakeholders.

The final and summary reports are available at: www.mentalhealthcommission.gov.au.

Data and Indicators

The Commission supported the development of data and indicators that facilitate national reporting through our participation on the Mental Health Information Strategy Standing Committee (MHISSC), the Committee responsible for determining the indicator specifications for the Fifth Plan. The Commission continues to work with the Australian

Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS) to refine mental health reporting indicators.

National Information Priorities in Mental Health

The Commission supported a review of National Information Priorities in Mental Health through participation in MHISSC.

Performance criteria:

- Facilitate improved approaches to suicide prevention CP p.9
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410

Fifth Plan

The Commission is participating on the Suicide Prevention Project Reference Group, the governance group established under the Fifth Plan to report on priorities for planning and investment in suicide prevention and the development of the National Suicide Prevention Implementation Strategy.

Share the learnings

The Commission continued to engage broadly with stakeholders throughout the year, to understand and share the learnings from regional and other suicide prevention projects and trials.

Commissioners participated on a panel discussion at the annual Suicide Prevention Conference to engage directly with stakeholders and provide an opportunity for all to raise their concerns directly with the Commission. We also supported the participation of people with lived experience in the conference.

The Commission made a joint submission with the mental health commissions of Australia to the Legal and Constitutional Affairs References Committee Inquiry into the adequacy of existing offences in the Commonwealth Criminal Code and of state and territory criminal laws to

capture cyberbullying, which included consideration of where the victim of cyberbullying has self-harmed or died by suicide.

The Commission attended the subsequent Senate hearing emphasising that reform needs to be preventative and education is required to address the underlying causes and impact of both bullying and cyberbullying. While this needs to include schools, it should extend beyond schools to the entire community, providing a whole-of-community approach consistent with suicide prevention strategies.

The Commission presented on the issue of “Protecting the mental health of students and cyberbullying” to a forum of school principals in Sydney.

Following our submission to the NSW Parliamentary Inquiry into the prevention of youth suicide in NSW, the Commission appeared before the Committee on Children and Young People on 12 February 2018. The submission included recommendations and identified opportunities for continued improvement particularly with respect to data collection and dissemination, suicide clusters, and both aftercare and postvention activities and programs.

Performance criteria:

- Support the role of Primary Health Networks in relation to mental health and suicide prevention CP p.10
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410
- Promote consumer and carer engagement and participation in the mental health system, PBS pp. 409-410

Role of consumers and carers

During 2017–18, the Commission promoted the role of consumers and carers in Primary Health Network (PHN) actions involving co-design, co-development and co-commissioning of services. The Commission worked with Gippsland PHN to review PHNs' consumer and carer engagement and participation in mental health and suicide prevention policy and practice. The final report noted four key findings:

- (i) depending on maturity of the PHN, some PHNs struggled to get meaningful engagement and participation with consumers and carers
- (ii) recognition that further guidance would be beneficial for PHNs
- (iii) improved approaches to closing the feedback loop when engaging with consumers and carers
- (iv) improved ways for PHNs to share their experiences to improve practice across the network.

Peer Workforce Guidance for PHNs

The Commission is finalising the Peer Workforce Guidance (the Guidance) for PHNs to guide their mental health and suicide prevention commissioning work. The Guidance details how PHNs can support better outcomes in mental health by promoting and guiding the employment of peer workers as a part of multi-disciplinary teams. All PHNs were involved in the consultation phase on a draft Guidance and the National Mental Health Stakeholder Group were consulted and given the opportunity to provide feedback.

The Commission also presented to the PHNs national Stepped Care workshop, the Guidance and our future work under the Fifth Plan to develop Peer Workforce Development Guidelines.

PHN lead sites

The Commission provided advice in relation to the development and evaluation of the PHN lead sites through its participation in the PHN Lead Sites Advisory Group. Our advice included that the PHN lead sites will document and evaluate their approaches to stepped care, regional planning and integration, and delivering low intensity services.

Meaningful outcomes indicators

The Commission continued to support the development of meaningful outcome indicators for PHNs in mental health and suicide prevention programs. We worked with the Gippsland PHN through their Mental Health Outcomes Project to understand the experiences of PHNs in implementing mental health reform. The purpose of the project was to better inform the Commission's approach to monitoring and reporting on mental health and suicide prevention reforms, and on outcomes for mental health consumers and carers. The final report provided valuable analysis of the challenges involved in outcomes based commissioning in the context of mental health service reforms. Of note, the qualitative data provides useful insights from both service providers and people with lived experience that will be used to inform our future work.

Guidance materials

The Commission participated in a national review of the PHN guidance materials through its membership on the Mental Health Stakeholders Group. The guidance package was revised based on the experiences of the PHN networks in the first years of implementation.

As a member of the Equally Well Implementation Committee, the Commission provided advice to the Australian Government Department of Health to ensure the new regional planning guidance material for PHNs and Local Hospital Networks addressed strategies to support improved management of the physical health of people living with a mental illness.

Performance criteria:

- Enhance consumer and carer engagement and participation CP p. 11
- Promote consumer and carer engagement and participation in the mental health system, PBS pp. 409-410

Australian Mental Health Leaders Fellowship

The Commission has developed the Australian Mental Health Leaders Fellowship (AMHLF) in response to an identified need for a leadership program that targets emerging leaders both within and outside the mental health sector. This builds on feedback from stakeholders concerning the need to build greater leadership capacity in the consumer and carer sector and to continue to develop future leaders and leadership networks to improve mental health outcomes in the community. The program was launched by the Hon Greg Hunt MP, Minister for Health on 16 July 2018.

The AMHLF has five key components including: two residential workshops, a 12 month mentoring program, academic led group projects, professional placement and individual assessments and diagnostics to assist in future development. Participants have been drawn from across sectors including: academia, clinical practice, community and social care, first responders, industry and the professional services and those who have lived experience as consumers and carers. This diversity is designed to increase collaboration and shared understanding between organisations and within participants' respective local/regional health and social services.

Consumer and carer engagement and participation

The Commission's *Engage and Participate in Mental Health* project aims to provide a national overview of mental health consumer and carer engagement and participation to support the implementation of current reforms and provide evidence-based advice. Through this work we have improved our understanding of what consumers and carers want from engagement and participation and how the sector can better support this. Embedding engagement and participation as routine practice which is valued, appropriately resourced and monitored is critical to improving mental health and wellbeing outcomes.

The Commission released on its website two products from this project: A Summary Report, and a resources database of existing consumer and carer engagement and participation policies and frameworks in mental health and suicide prevention.

The Commission also investigated new ways to support people with lived experience to effectively and safely participate in consumer and carer engagement to inform best practice at the national level. This project engaged with a range of people, including those with lived

experience, and leaders and managers within the mental health and suicide prevention systems.

Peer Workforce

In 2017–18 the Commission continued to support the growth and development of the consumer and carer peer workforce. The Commission has engaged Private Mental Health Consumer and Carer Network to investigate the feasibility of establishing a member-based organisation for peer workers in Australia. The project involves a consortium comprising the Private Mental Health Consumer and Carer Network, the National Mental Health Consumer and Carer Forum and the Commission, which held a series of stakeholder consultations in capital cities. The final package of work includes a

literature review, development of educational resources and presentation of options for the organisational structure and function. This work is due to be completed early 2019.

Consumer and carer guide

The Commission is progressing the development of a consumer and carer guide as part of activity in the Fifth Plan and is investigating ways to support individuals with a lived experience to effectively and safely participate in consumer and carer engagement.

This project, commencing in mid-2018, is due for completion in 2020. It involves working in consultation with the National Mental Health Consumers and Carers Forum and the Safety and Quality Partnership Standing Committee (SQPSC).

Performance criteria:

- Promote the economics of mental health CP p. 12
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 409-410.

Economics of Mental Health

The Commission has continued to make progress towards putting mental health on the economic agenda. We are seeking to build on the evidence base of why investing in promotion and prevention initiatives can result in benefits for the individual in terms of their mental health and also economic benefits in the form of improvements in productivity and efficiency.

Deakin Health Economics was engaged by the Commission to produce a literature scoping study regarding mental health promotion and prevention initiatives in the Australian context. The results of the study were considered at a 'Best Buys' stakeholder workshop in March 2018. The workshop was attended by representatives from government, academia, the mental health commissions, consumers and carers, and from the private and community managed sectors. The outcomes of the workshop informed our

selection of ten promotion and prevention interventions to be modelled using a return-to-investment framework. The modelling will be completed by Deakin Health Economics in 2018–19, and will be supported by a Steering Committee of stakeholders who will provide independent advice.

We continued our work to highlight the need for change in the insurance industry to better reflect the needs of individuals with a mental illness. The Commission, in conjunction with representatives from the community sector and national peak bodies, appeared at the Parliamentary Joint Committee on Corporations and Financial Services hearing in relation to the Life Insurance Industry. The final report containing 47 recommendations was published on 27 March 2018. Some of the recommendations make specific reference to improvements for individuals with a mental illness.

Mentally Healthy Workplace Alliance

The Commission continued to participate as a member of the Mentally Healthy Workplace Alliance. In 2017–18, the

Alliance engaged Shann Advisory to undertake scoping work for the National Workplace Initiative.

Performance criteria:

- Improve the physical health of people living with mental illness CP p. 13
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410
- Promote consumer and carer engagement and participation in the mental health system PBS pp. 409-410

Equally Well Consensus Statement Improving the physical health and wellbeing of people living with mental illness in Australia

The *Equally Well Consensus Statement Improving the physical health and wellbeing of people living with mental illness in Australia* (Equally Well) was launched on 25 July 2017 at the National Press Club.

People with a mental health issues experience poorer physical health, yet receive less and lower quality health care than the rest of the population – and die younger. People with psychosis die between 14 and 23 years earlier than the general population. By championing physical health as a priority, Equally Well ultimately aims to reduce the life expectancy gap.

Pledging to Equally Well

Since the launch, over 65 organisations have pledged support, including all state and territory governments, professional associations and colleges, state Mental Health Commissions, peak bodies, Primary Health Networks, non-government organisations, and consumer and carer organisations. Over 210 people and organisations have signed up to Equally Well communications. The Commission is monitoring the pledges by organisations to support Equally Well and promote best practice within pledging organisations. The Equally Well website is regularly updated with organisations as they pledge to the Consensus Statement.

Equally Well Implementation Committee

The Commission established the Equally Well Implementation Committee (EWIC) to oversee the strategic implementation of Equally Well. EWIC is co-chaired by Ms Elida Meadows and Dr Russell Roberts with participation from key stakeholders representing public, private and community sectors, and individuals with lived experience. The implementation of Equally Well aims to significantly improve the interface between primary health care and acute care. It aims to reduce variation in care as well as address the often siloed approach to treatment and care, and improve service effectiveness and efficiency and health outcomes for people living with mental illness and their families and carers. The Commission provided support for the EWIC secretariat and project support team based at Charles Sturt University (CSU) under the leadership of Associate Professor Russell Roberts.

Equally Well website

The Equally Well website went live to coincide with the launch of Equally Well in July 2017. The website shares case studies and success stories, and provides information and resources relevant to various organisations in the sector. The website and newsletter are used to share pledging organisations' experiences.

Fifth Plan

The Fifth National Mental Health and Suicide Prevention Plan also identifies

‘improving the physical health of people living with mental illness and reducing early mortality’ as a National Priority Area and its aim is for the Commonwealth, states and territories to work together to make the physical health care of people living with mental illness a national priority, with the goal of reducing the life expectancy gap.

The Commission is monitoring and reporting on implementation of Equally Well across jurisdictions, as a Fifth Plan action in its report to the COAG Health Council in October 2018.

Support activities

In 2017–18, the Commission regularly provided updates on Equally Well through

its reporting to a range of national committees. We also promoted and encouraged commitment to Equally Well at an extensive range of conferences and workshops.

The Equally Well documents and posters, together with promotional materials, were distributed to targeted venues to promote support for Equally Well. The Commission also engaged Mental Health Australia to promote the implementation of Equally Well through its member organisations. A workshop with the National Mental Health Consumer and Carer Forum was held to engage with consumers and carers on communication strategies for Equally Well.

Performance criteria:

- Housing and homelessness and mental illness CP p. 14
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410

National consultation on housing, homelessness and mental health

The Commission endorsed the four broad directions which emerged from its national consultation held in March-April 2017 on housing, homelessness and mental health: advocate for change; support data collection and data linkage; invest in research; and set standards for service delivery and service integration. The report on *Housing, Homelessness, and Mental Health: outcomes from the National Mental Health Commission’s consultation in 2017* is published on our website.

The report noted that across all regions and demographic groups, two overwhelming demands dominated – the need for more and better housing, and the need for more and better services.

However, most of the 17 recommendations have implications for policy and programs across multiple levels

of government and will require cross sectoral collaboration and engagement.

Next steps

The Commission engaged the Australian Housing and Urban Research Institute (AHURI) to investigate successful models in consumer and recovery oriented housing, and the systemic levers and policy options to better understand how to achieve the goals of more and better housing, and more and better services for people with lived experience of mental ill health. The project’s methodology used investigative panels to directly engage with experts in the research and policy communities, as well as community sectors, practitioners and consumers and carers.

The final report is due in 2018–19 and will address next steps for bringing together critical coalitions of stakeholders and facilitating coordinated activity across the mental health, housing and homelessness sectors.

Performance criteria:

- Mental health research CP p. 15
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410

Prioritising mental health research

The Commission participated in the Ministerial Roundtable on Research in March 2018. This discussion informed the priorities for the Medical Research Future Fund and the Million Minds Mission. The discussion from the Research Roundtable is informing the Commission's work in developing the National Mental Health Research Strategy (NMHRS). We are also supporting a symposium to develop a process for the national coordination of the strategic agenda for psychosis research.

National Mental Health Research Strategy

The Commission will work in collaboration with the National Health and Medical Research Council (NMHRC), consumers and carers, states and territories, research funding bodies and researchers to develop the National Mental Health Research Strategy (NMHRS) to drive better treatment outcomes across the mental health sector. This strategy will provide a long term vision for mental

health research in Australia, including identifying priority areas for research and strategies to improve the alignment of research and the needs of practitioners and consumers.

We will continue to monitor the development of the recently funded Million Minds Mental Health Research Mission to inform the development of the National Mental Health Research Strategy.

In the second half of 2018, we will convene a steering committee to provide oversight of the development of the NMHRS with the support of the NMHRC, and taking into account the Million Minds Mission, and the issues identified in the Fifth Plan. The steering committee will develop a consultation process to progress the research strategy, ensuring that relevant state and federal government agencies, peak bodies, consumers and carer groups are consulted along with representatives from the mental health research sector.

Performance criteria:

- Monitor the use of restrictive practices, including seclusion and restraint CP p. 16
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410
- Prepare and disseminate the national report on mental health and suicide prevention PBS pp. 409-410

Promoting best practice

In 2017–18 the Commission continued to promote best practice in the reduction of restrictive practices. We presented on Reducing the Use of Seclusion and Restraint in Australia to the Mental Health Commission of Canada's national forum.

We supported a national forum to bring together key stakeholders to share

knowledge of what is working in the reduction of seclusion and restraint and what is not. The forum addressed the theme *How far can we go?* by examining a range of key developments which provide impetus, direction and experience in reducing seclusion and restraint in mental health care. We provided support for the participation of people with lived experience in the forum.

Promote cultural change to reduce seclusion and restraint

The Commission engaged the Australian College of Mental Health Nurses (ACMHN) to progress the evidence base to reduce seclusion and restraint in the Australian context. The work specifically sought to better understand the factors that impact on and influence the decisions of frontline workers such as mental health nurses.

We are working with ACMHN to progress the recommendations made in its report - *Supporting Mental Health Professionals Through Cultural and Clinical Change: Facilitating ongoing reduction in seclusion and restraint in mental health settings in Australia*.

Support public reporting of the use of restrictive practices

The Commission continued monitoring and reporting on the use of restrictive

practices in mental health services in the 2017 National Report.

A focus on reducing restrictive practices

The Commission monitored indicators on the use of restrictive practices and continued to advocate to stakeholders the need to maintain a focus on reducing restrictive practices.

We made a submission to the NSW Review and publicly welcomed the release of the report on the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*, as well as the NSW government's commitment to implement all the recommendations.

Performance criteria:

- Aboriginal and Torres Strait Islander mental health CP p. 17
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410

World Indigenous Suicide Prevention Conference and National Indigenous Suicide Prevention Conference

The Commission is participating on the National Indigenous Suicide Prevention Conference Committee that has responsibility for the planning and delivery of the National Indigenous Suicide Prevention Conference and the World Indigenous Suicide Prevention Conference. We are also supporting the participation of people with lived experience from Aboriginal and Torres Strait Islander communities.

Support Indigenous leadership

The Commission supports Indigenous leadership in policy development and mental health service delivery, in particular by the role of the National Aboriginal and Torres Strait Islander

Leadership in Mental Health (NATSILMH) under the Fifth Plan.

We supported NATSILMH to guide jurisdictions in the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration.

We support Aboriginal and Torres Strait Islander-led research on the mental health of Aboriginal and Torres Strait Islander people to improve wellbeing. The Commission has supported *Journeys to Healing and Strong Wellbeing: A project conducted by the Lowitja Institute for the National Mental Health Commission*. The project has a focus on trauma and its connection to mental health, including the key risk and protective factors to improve the mental health of Aboriginal and Torres Strait Islander people.

Participation in Australian Mental Health Leaders Fellowship

The Commission supported Aboriginal and Torres Strait Islander representation within the AMHLF and promotes the benefits of Indigenous leadership to all mental health leaders. The AMHLF engaged with NATSILMH in developing the program via representation on the Advisory Group and consideration of a discussion paper prepared by NATSILMH. The discussion paper provided options for the AMHLF and was included in the design phase of the program. The first two cohorts for this program include Aboriginal and Torres Strait Islander participation.

Fifth Plan

Commissioner Helen Milroy is chair of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group, the governance group established under Fifth Plan to report on priorities for planning and investment in Aboriginal and Torres Strait Islander mental health and suicide prevention.

The Commission is responsible for monitoring and reporting on Aboriginal

and Torres Strait Islander mental health and suicide prevention in Australia as a key priority area, and implementation of related action under the Fifth Plan.

Monitoring and reporting

In the 2017 National Report, we reported on the impact of housing and homelessness on Aboriginal and Torres Strait people living with mental illness. The report acknowledged that policy responses aimed at tackling issues of housing, homelessness and mental health must identify and build upon existing bodies of knowledge, experience and strength within Aboriginal and Torres Strait Islander communities and organisations. They should also be based on a trauma-informed, social and emotional wellbeing approach with delivery in a culturally safe way.

The 2017 National Report also documented concerns from a variety of stakeholders including the First Peoples Disability Network Australia, who expressed grave concerns in relation to the capacity of the NDIS to adequately meet the needs of Aboriginal and Torres Strait Islander peoples.

Performance criteria:

- Emerging Priorities CP p. 18
- Undertake research, analysis and evaluation on key national mental health priorities PBS pp. 409-410
- Promote consumer and carer engagement and participation in the mental health system PBS pp. 409-410

Infant and child mental health

The Commission has continued to call for greater investment in child and youth mental health through engagement with key stakeholders, including through a submission to the Human Rights Commission on Australia's progress in implementing the United Nations Convention on the Rights of Children which highlighted the need for better

integration and accessibility to services that support the wellbeing of children.

We met with some Commissioners for children while visiting the jurisdictions to discuss cross-sectoral issues. We also supported the Raising Children Network in the development of evidence based, online child mental health resources for medical professionals.

The Commission engaged the Raising Children Network to develop evidenced-

based and online mental health resources for health professionals to improve the promotion, prevention and early intervention child services. The work will advance an understanding of child mental health and improve child and family wellbeing by broadening its reach and use of resources on children's social and emotional health for professionals working with children and families across Australia.

Peer Workforce Development Guidelines

The Commission is developing Peer Workforce Development Guidelines as an action under the Fifth Plan. It will be informed by our current investigation of the feasibility for a peer workforce member organisation in Australia, and the guidance material developed for PHNs in collaboration with the Australian Government Department of Health.

Personality Disorders

The Commission has supported the Australian BPD Foundation to partner with the Spectrum Personality Disorder Service for Victoria and the Mental Health Professionals Network, to educate and upskill mental health professionals in personality disorders. This includes establishing local professional networks,

and the delivery of e-resources and web based education sessions. This will form stage one of Toward a National BPD Training and Professional Development Strategy.

Additionally, the Commission engaged SANE Australia to produce a Spotlight Report which will focus on examining the prevalence of personality disorders in Australia, evidence based approaches to prevention, early intervention, treatment and support for recovery and relapse prevention; and will include the experiences of people with lived experiences with these approaches.

Mental Health in Multicultural Australia

The Commission developed a background briefing paper on Multicultural Mental Health and Suicide Prevention to consider significant changes in the mental health landscape since our previous spotlight report in 2013 to inform our work.

The Commission will support Mental Health Australia with the new national multicultural mental health project announced in May 2018. The project aims to support mental health service providers to improve cultural responsiveness and accessibility.

Performance criteria:

- Continuously improving the Commission's operations, CP p. 18

The Commission continued to improve its operations during 2017–18, during which:

- Our organisational structure was reviewed and staffing resources increased from an Average Staffing Level (ASL) of 14 to an ASL of 20.
- An office was opened in Canberra, and new premises sourced for Sydney.
- We undertook proactive and strategic communication, including through timely responses to emerging issues in the public domain.

- Eight Commission meetings were held, including three outside of capital cities (Broome, Launceston and Townsville) and one that focussed on Aboriginal and Torres Strait Islander mental health (Broome). Five Commission meetings were dedicated to engaging with stakeholders.
- All statutory and governance reporting requirements were met.
- The 2017–21 Corporate Plan incorporating the 2017–18 Work Plan was submitted to the Minister and Finance Minister as required under the PGPA Act.

- We operated within budget, efficiently and judiciously.
- All staff had performance plans in place in accordance with the Performance and Development Policy and performed well during the year.
- We developed a Mentally Healthy Workplace Policy and began developing an Action Plan.
- Twelve new or revised operational policies or procedures were implemented.
- We engaged with a broad range of stakeholders including: federal, state and territory governments and agencies to progress shared priorities; private organisations; consumers and carers; community organisations; and academic and research agencies.
- We contributed to a wide variety of national committees, including: Mental Health Information Strategy Standing Committee (MHISSC); Australian Advisory Group for Suicide Prevention (AAGSP); the Suicide Prevention Project Reference Group; Equally Well Implementation Committee (EWIC); Safety and Quality Partnership Standing Committee (SQPSC); Mental Health Expert Reference Panel (MHERP); Health Expert Advisory Group; Mental Health Stakeholder Reform Group; National Indigenous Suicide Prevention Conference Committee; Australian Mental Health Commissions and the New Zealand Mental Health Commissioner; and the Mentally Healthy Workplace Alliance.

Commission Meetings									
Commissioner	11–12 Jul 2017	29 Aug 2017	26–27 Sep 2017	24–27 Oct 2017	13–14 Dec 2017	11–12 Apr 2018	19 Apr 2018	21 Jun 2018	Total
Mrs Lucinda (Lucy) Brogden	Y	Y	Y	Y	Y	Y	Y	Y	
Dr Peggy Brown (CEO)	Y	Y	Y	Y	Y	Y	Y	Y	
Prof. Harvey Whiteford	-	Y	X	X	Y	Y	Y	X	
Prof. Helen Milroy	-	X	X	X	Y	Y	Y	Y	
Prof. Ngaire Brown	-	Y	X	Y	Y	X	X	Y	
Prof. Wendy Cross	-	Y	Y	X	Y	Y	Y	Y	
Prof. Ian Hickie AM	Y	Y	X	Y	Y	X	Y	X	
Mr Samuel Hockey	-	Y	Y	Y	Y	Y	Y	Y	
Prof. Allan Fels AO	Y	Y	Y	Y	Y	-	-	-	
Ms Jackie Crowe	Y	Y	X	-	-	-	-	-	
Mr Rob Knowles AM	Y	-	-	-	-	-	-	-	
Prof. Pat Dudgeon	Y	-	-	-	-	-	-	-	
Ms Nicole Gibson	Y	-	-	-	-	-	-	-	

Analysis of performance against our purpose

The Commission performed strongly in 2017–18, delivering a number of results against our purpose: to provide insight, advice and evidence on ways to continuously improve Australia’s mental health and suicide prevention systems, and to act as a catalyst for change to achieve those improvements.

In 2017–18 we delivered our 2017 National Report on Mental Health and Suicide Prevention which provided information on mental health and suicide prevention reforms and included the views of stakeholders. The Report was published in December 2017 and was well received by the Australian Government and the community.

We also commenced working on our report to the COAG Health Council for the implementation of the Fifth National Mental Health and Suicide Prevention Plan, which is due in October 2018.

In July 2017, we launched the Equally Well Consensus Statement Improving the physical health and wellbeing of people living with mental illness in Australia. Since the launch, over 65 organisations have pledged support and the strategic implementation of the Consensus Statement continues to be a focus for the Commission, as well as monitoring and reporting on its implementation.

In 2017–18, the Commission developed the Australian Mental Health Leaders Fellowship which was launched in July 2018, with over 200 applications received and the first cohort of 20 participants commencing in July 2018.

Throughout the year, we engaged with a broad range of stakeholders at our community forums and Commission meetings. We heard first-hand the experiences of consumers, carers, service providers and other stakeholders about what is working and what is not working in the mental health and suicide prevention system. The information is used to inform all our work.

In 2017–18, the focus of the meetings included mental health and suicide prevention reforms; mental health and suicide prevention in rural and remote Western Australia; mental health and suicide prevention for children and youth; the experiences of schools and emergency responders in the mental health system. After each meeting we reported back to the Minister for Health on the important information heard.

In June 2018, Commissioners met with the Prime Minister and the Minister for Health to provide advice on reform implementation and other key challenges in the mental health and suicide prevention systems.

We strengthened our operations and resourcing to enable us to continue our important role meet our increased responsibilities.

Report on Financial Performance 2017–18

At year-end, the balance of appropriations remaining was \$1,550,298 and \$1,996,657 for Departmental and Administered, respectively. These balances included 2017–18 appropriations, as well as unspent amounts from prior years. Remaining Departmental Capital Budget of \$32,098 from 2017–18 was repealed on 1 July 2018.

Activities during the financial year resulted in an expenditure of \$4,517,726 for Departmental and \$2,841,649 for Administered. Compared to the budget, this resulted in an over spend of approximately 64% in Departmental because own source revenue is not included in the appropriation. There was an under spend of approximately 23.7% in Administered as a result of some projects being delayed to enable resources to be allocated to our new responsibilities under the Fifth Plan.

NMHC Resource Statement 2017 – 18

	Actual available appropriation for 2017–18 \$'000 (a)	Payments made 2017–18 \$'000 (b)	Balance remaining 2017–18 \$'000 (a) – (b)
Ordinary annual services¹			
Departmental appropriation²	7,287	5,737	1,550
Total	7,287	5,737	1,550
Administered expenses			
Outcome 1	3,848	1,851	1,997
Total	3,848	1,851	1,997
Total ordinary annual services	11,135	7,588	3,547
Departmental non-operating Equity injections	150	150	-
Total other services	150	150	-
Total available annual appropriations and payments	11,285	7,738	3,547

¹Appropriation Act (No. 1) 2017–18. This also includes prior-year departmental appropriations and section 74 retained revenue receipts.

²Includes an amount of \$24,000 in 2017–18 for the departmental capital budget, along with prior-year capital balances. For accounting purposes, this amount has been designated as 'contributions by owners'

Expenses for Outcome 1

Outcome 1:	Budget*	Actual expenses	Variation
Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programmes, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers ²			
	2017–18 \$'000	2017–18 \$'000	2017–18 \$'000
	(a)	(b)	(a) – (b)
Program 1: National Mental Health Commission			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	3,726	2,842	884
Departmental expenses			
Departmental appropriation ²	3,513	4,518	- 1,005
Total for Program 1	7,239	7,360	- 121
Total expenses for Outcome 1	7,239	7,360	- 121
	2017–18		
Average staffing level (number)	26		

¹ National Mental Health Commission only had one Outcome and Program during the 2017–18 year.

² Departmental appropriation combines ordinary annual services (Appropriation Act Nos. 1, 3 and 5) and retained revenue receipts under section 74 of the Public Governance, Performance and Accountability Act 2013.

Management and accountability

Corporate governance

The Commission is an executive agency established under the *Public Services Act 1999* and is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The CEO is the accountable authority under the PGPA Act and is responsible for the governance and performance of the Commission, and for working with the Chair and Commissioners to steer and manage the deliverables. The Commission includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as ex-officio Commissioner.

The Commission executive is currently made up of Ms Maureen Lewis (Interim CEO) and Ms Kim Eagle (A/Deputy CEO). Dr Peggy Brown AO was the Commission's CEO until June 2018. The Commission executive are responsible for ensuring the Commission's operations are efficient and effective and carried out in accordance with statutory and government requirements, including financial management, resource management, delivering outcomes against the Corporate Plan and Work Plan, people and culture and stakeholder engagement.

The executive meets on a weekly basis to discuss the management of the Commission. The Commission has structures and processes in place to implement the principles and objectives of corporate governance.

The Commission's Audit Committee met three times in 2017–18. The Committee reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report and Annual Performance Statements. The Audit Committee reviewed and endorsed our Corporate Plan 2018–2022.

The 2017–18 Internal Audit was conducted by Walter & Partners. The objective of the audit was to assess the effectiveness of the internal control framework for financial management activities, ensuring compliance with relevant Commonwealth regulations, including procurement, contracts, financial delegations, travel and credit cards. The Internal Audit found that the Commission's financial processes and internal controls were operating in an efficient, effective, economical and ethical manner.

The Commission's *Operating Principles* provide guidance to the Commissioners and are available on the Commission's website.

The Commission's Accountable Authority Instructions set out appropriate controls and directions for staff in relation to requirements under the PGPA Act and relevant policies of the Australian government. The Commission operates in a corporate services shared services environment provided by the Department of Health and regularly reviews internal systems and procedures to simplify and streamline our operations and make best use of resources.

The Corporate Plan 2017–2021 and Work Plan 2017–18 were also in place to guide the work of the Commission to achieve its objectives and are available on the Commission's website.

There were no significant issues reported to the Minister under paragraph 19(1)(e) of the PGPA Act that relate to non-compliance with Finance law and any action taken to remedy non-compliance.

Recognising the contribution of people with lived experience, their families and support people

The contribution of people with a lived experience of mental health issues, their families and support people is at the heart

of the Commission's work. Our *Paid Participation Policy* provides a daily or pro-rata payment for an individual's time when they are personally nominated or invited to give expert advice and share their experiences to inform the Commission's work; to pay for travel and accommodation costs and to reimburse any reasonable associated out of pocket expenses.

External Scrutiny

No judicial, administrative tribunal decisions or decisions from the Australian Information Commissioner relating to the Commission were handed down during 2017–18. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements contained in this annual report. There were no reports on the operations of the Commission conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2017–18 or any other agency capability reviews.

Fraud Prevention

The Commission's Fraud Control Plan, developed and managed in line with section 10 of the PGPA Rule 2014 and the Commonwealth Fraud Control Policy, was reviewed in 2017–18. General training on our fraud control processes is provided to staff annually.

The National Mental Health Commission Interim CEO certifies that she is satisfied that the Commission:

- has prepared a fraud and corruption risk assessment and fraud control plan
- has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the agency
- has taken all reasonable measures to minimise the incidence of fraud in the agency, and investigate and recover the proceeds of fraud against the agency.

There were no instances of fraud in 2017–2018.

Management of Human Resources

The Commission is committed to fostering a flexible, efficient and high performing workplace. The Commission operates within the Australian Public Sector Employment Framework and implements and supports good practice as an employer which is responsive to the needs of staff.

The CEO/Interim CEO and executive provide strategic leadership and align individual performance with the Commission's Vision and goals. Staff are afforded opportunities to build their skills and continuous learning is promoted. Staff capability is developed through ongoing workforce planning and staff participation in the performance and development scheme. Under the performance and development scheme, the performance of staff is aligned with the Commission's work plan and objectives, with performance reviewed periodically during each reporting period. Effective management and development of staff was a key factor to the achievement of Commission objectives in 2017–18.

Staff are appointed under the *Public Service Act 1999* and remuneration and other employment terms of non-SES staff are set out under the conditions of the Commission's Enterprise Agreement 2017–2020. The Enterprise Agreement provides for salary increases totalling six per cent over the life of the agreement.

Non-salary benefits include: annual Christmas shutdown period; access to annual leave at half pay; maternity, adoption and foster leave for eligible employees; and supporting partner leave.

Determinations under section 24(1) of the *Public Service Act 1999* are used to set the remuneration and conditions for SES employees. As at 30 June 2018, section 24(1) determinations were in operation for one SES employee.

In accordance with the Enterprise Agreement 2017–2020 and where required, individual flexibility arrangements are used to supplement the benefits or remuneration provided to non-SES employees. These arrangements are agreed between the employee and

the Commission CEO/Interim CEO or delegate. As at 30 June 2018 there was one such agreement in effect.

No employees were covered by common law contracts this year. Performance pay is also not applicable to the Commission this year.

Staffing statistics

As part of the Government's commitment to strengthen the Commission, the Commission received an increase in its average staffing level cap of six in 2017–18, taking it to twenty. As such we commenced recruitment for a number of new positions in 2017–18.

As at 30 June 2018, 25 employees were engaged under the Public Service Act 1999 of which 21 were ongoing and four were non-ongoing. 18 staff were based in Sydney and seven in Canberra. No staff identified as Indigenous during 2017–18. The table below shows the staff occupancy of 21.6 FTE as at 30 June 2018. This includes full-time and part-time employees, ongoing and non-ongoing employees, as well as paid inoperative employees and those acting in a higher position at 30 June 2018. One additional staff member was engaged through labour hire.

Employee figures at 30 June 2018 (FTE)					
Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Statutory appointment	1.0	--	-	-	1.0
Senior Executive Band 1	1.0	-	-	-	1.0
Executive Level 2	2.0	1.4	1.0	-	4.4
Executive Level 1	3.0	1.2	1.0	-	5.2
APS 6	8.0	-	1.0	-	9.0
APS 5	-	-	-	-	-
APS 4	1.0	-	-	-	1
Total					21.6

Employee figures at 30 June 2017 (FTE)					
Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Statutory appointment	1.0				1.0
Senior Executive Band 1	1.0				1.0
Executive Level 2	3.0				3.0
Executive Level 1	1.0	1.8	1.0		3.8
APS 6	1.0				1.0
APS 5	1.0		1.0		2.0
APS 4					
Total					11.8

Salary ranges

The table below outlines our non-SES employee salary ranges under our Enterprise Agreement 2017–2020 as at 30 June 2018.

Classification or equivalent	Salary range
APS1	\$45,114 - \$49,582
APS2	\$50,802 - \$56,491
APS3	\$58,119 - \$62,588
APS4	\$64,621 - \$70,309
APS5	\$71,936 - \$78,033
APS6	\$82,096 - \$92,257
EL1	\$105,501 - \$120,241
EL2	\$122,795 - \$146,146

Purchasing

The Commission made all purchases in accordance with relevant procurement policies and principles, including the *Public Governance, Performance and Accountability Act 2013 and the Commonwealth Procurement Rules*.

Further information on the Commission's financial performance is available in the audited Financial Statements and accompanying notes of this Annual Report.

Consultants

The Commission engages consultants to provide professional, independent and expert advice or services, where those services involve the development of an intellectual output that assists with agency decision-making, and/or the output reflects the independent views of the service provider.

All tenders and contractual arrangements undertaken in 2017–18 were carried out in accordance with the Commonwealth Procurement Rules.

This Annual Report contains information about actual expenditure on contracts for consultancies in the audited Financial Statements and accompanying notes. Information on the value of contracts and consultancies higher than \$10,000 is available on the AusTender website: www.tenders.gov.au.

Australian National Audit Office Access Clauses

All contracts entered into by the Commission during 2017–18 provided access for the Auditor-General to the contractor's premises where the contract value was above \$100,000 including GST.

Exempt Contracts

There were no contracts entered into by the Commission during 2017–18 that were exempt from being published in AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982*.

Procurement Initiatives to Support Small Business

The Commission supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises and Small Enterprise participation statistics are available on the Department of Finance's website:

www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/

The Commission's practices are in line with the Australian Industry Participation Plans in whole-of-government procurement and the Small Business Engagement Principles such as communicating in clear, simple language and presenting information in an accessible format.

Advertising campaigns

No advertising campaigns were undertaken by the Commission during the 2017–18 year.

Grants

Information on grants awarded during the 2017–18 year is available at www.mentalhealthcommission.gov.au and on GrantConnect at: <https://www.grants.gov.au/>.

Disability Reporting

Since 1994, Commonwealth departments and agencies have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–2008, reporting on the employer role was transferred to the Australian Public Service Commission's *State of the Service Report and the APS Statistical Bulletin*. These reports are available at www.apsc.gov.au. From 2010–11, agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy 2010–2020 which sets out a ten year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high level two-yearly report will track progress against each of the six outcome areas of the Strategy and present a picture of how people with disability are faring. The first of these reports was released in December 2015 and provides a high-level view of progress under the strategy. Further information can be found at www.dss.gov.au.

Although the Commission is not a public service care agency as defined by the *Carer Recognition Act 2010*, through its core functions and day to day work the Commission supports the Statement for Australia's Carers and its 10 key principles that set out how carers should be treated

and considered in policy, program and service delivery settings.

The Commission's mission is to give mental health and suicide prevention national attention, to influence reform and to help people with lived experience of mental health issues live contributing lives. In doing so the Commission places the engagement of not only Australians living with mental health difficulties but their families, friends and other support people at the centre of its work to influence mental health policy and service improvements.

Freedom of Information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a Section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The Commission's Information Publication Scheme statement can be found at www.mentalhealthcommission.gov.au.

Work health and safety

To help to ensure the health, safety and welfare of employees, the Commission has a WHS Representative, and First Aid Officers and Fire Wardens at each of its offices.

There were no injuries incurred by employees, nor were there any notifiable incidents recorded. There were no investigations conducted under Part 10 of the *Work Health Safety Act 2011*.

Ecologically sustainable development and environmental performance

In 2017–18 the Commission maintained a range of measures which contributed to ecologically sustainable development (ESD), including:

- wherever possible, electronic mediums for communication, engagement and publications are favoured over other methods
- printing on both sides of the paper and in black and white where possible
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- participation in the Sydney landlord's waste and recycling schemes
- various other energy efficiency and other measures to reduce the environmental impact of the Commission's new office premises in Sydney as detailed in the green lease schedule.

The Commission does not provide any capital funding, project or grant funding for activities that have a measurable impact on ESD.



INDEPENDENT AUDITOR'S REPORT

To the Minister of Health

Opinion

In my opinion, the financial statements of the National Mental Health Commission for the year ended 30 June 2018:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the National Mental Health Commission as at 30 June 2018 and its financial performance and cash flows for the year then ended.

The financial statements of the National Mental Health Commission, which I have audited, comprise the following statements as at 30 June 2018 and for the year then ended:

- Statement by the Chief Executive Officer and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a Summary of Significant Accounting Policies and other explanatory information.

Basis for Opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the National Mental Health Commission in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's Responsibility for the Financial Statements

As the Accountable Authority of the National Mental Health Commission the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under that Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the National Mental Health Commission's ability to continue as a going concern, taking into account whether

the entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's Responsibilities for the Audit of the Financial Statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Sean Benfield
Executive Director
Delegate of the Auditor-General

Canberra
21 September 2018

Financial Statements

NATIONAL MENTAL HEALTH COMMISSION

STATEMENT BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2018 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Mental Health Commission will be able to pay its debts as and when they fall due.



Maureen Lewis
Interim Chief Executive Officer
21 September 2018



Kim Eagle
Chief Financial Officer
21 September 2018

Statement of Comprehensive Income

for the year ended 30 June 2018

		2018	2017	Original
	Notes	\$	Restated	Budget
		\$	\$	\$
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	2,698,681	1,795,873	1,972,000
Suppliers	1.1B	1,743,957	886,755	765,000
Depreciation and amortisation	3.2	71,174	6,765	13,000
Loss on disposal of assets		3,914	-	-
Total expenses		4,517,726	2,689,393	2,750,000
Own-source revenue				
Sale of goods and rendering of services	1.2A	767,716	2,000,000	-
Other revenue	1.2B	32,039	46,255	-
Total own-source revenue		799,755	2,046,255	-
Gains				
Other gains		-	-	25,000
Total gains		-	-	25,000
Total own-source income		799,755	2,046,255	25,000
Net cost of services		(3,717,971)	(643,138)	(2,725,000)
Revenue from Government	1.2C	2,712,000	2,755,000	2,712,000
(Loss)/surplus on continuing operations		(1,005,971)	2,111,862	(13,000)

The above statement should be read in conjunction with the accompanying notes.

Statement of Financial Position

as at 30 June 2018

	Notes	2018 \$	2017 Restated \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	3.1A	342,373	469,597	45,000
Trade and other receivables	3.1B	1,651,563	3,159,572	922,000
Total financial assets		1,993,936	3,629,169	967,000
Non-financial assets				
Leasehold improvements	3.2	1,364,021	4,099	9,000
Plant and equipment	3.2	24,144	37,105	33,000
Computer software	3.2	-	-	150,000
Prepayments		409,439	24,520	-
Total non-financial assets		1,797,604	65,724	192,000
Total assets		3,791,540	3,694,893	1,159,000
LIABILITIES				
Payables				
Suppliers	3.3A	87,272	394	179,000
Other payables	3.3B	1,545,709	754,294	-
Total payables		1,632,981	754,688	179,000
Provisions				
Employee provisions	6.1	453,304	230,869	365,000
Other provisions	3.4	70,110	56,220	58,000
Total provisions		523,414	287,089	423,000
Total liabilities		2,156,395	1,041,777	602,000
Net assets		1,635,145	2,653,116	557,000
EQUITY				
Contributed equity		271,564	283,564	281,000
Retained surplus		1,363,581	2,369,552	276,000
Total equity		1,635,145	2,653,116	557,000

The above statement should be read in conjunction with the accompanying notes.

Statement of Changes in Equity
for the year ended 30 June 2018

	2018 \$	2017 Restated \$	Original Budget \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	283,564	110,564	257,000
Adjusted opening balance	283,564	110,564	257,000
Transactions with owners			
Distributions to owners			
Returns of capital			
Other	(36,000)	-	-
Contributions by owners			
Equity injection - appropriations	-	150,000	-
Departmental capital budget	24,000	23,000	24,000
Total transactions with owners	(12,000)	173,000	24,000
Closing balance as at 30 June	271,564	283,564	281,000
RETAINED EARNINGS			
Balance carried forward from previous period	2,369,552	257,690	289,000
Adjusted opening balance	2,369,552	257,690	289,000
Comprehensive income			
(Loss)/surplus for the period	(1,005,971)	2,111,862	(13,000)
Other comprehensive income	-	-	-
Total comprehensive income	(1,005,971)	2,111,862	(13,000)
Closing balance as at 30 June	1,363,581	2,369,552	276,000
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	2,653,116	368,254	546,000
Adjusted opening balance	2,653,116	368,254	546,000
Comprehensive income			
(Loss)/surplus for the period	(1,005,971)	2,111,862	(13,000)
Total comprehensive income	(1,005,971)	2,111,862	(13,000)
Transactions with owners			
Distributions to owners			
Returns of capital			
Other	(36,000)	-	-
Contributions by owners			
Equity injection - appropriations	-	150,000	-
Departmental capital budget	24,000	23,000	24,000
Total transactions with owners	(12,000)	173,000	24,000
Closing balance as at 30 June	1,635,145	2,653,116	557,000

The above statement should be read in conjunction with the accompanying notes.

Accounting Policy

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental capital budgets are recognised directly in contributed equity in that year.

Cash Flow Statement

for the year ended 30 June 2018

	Notes	2018 \$	2017 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		2,860,226	2,928,000	2,693,000
Appropriations s74		2,702,126	-	-
Net GST received		-	89,313	84,000
Other		2,935,780	255	-
Total cash received		8,498,132	3,017,568	2,777,000
Cash used				
Employees		(2,487,922)	(1,826,556)	(1,972,000)
Suppliers		(1,996,746)	(738,713)	(721,000)
Section 74 receipts transferred to the Official Public Account (OPA)		(3,877,954)	-	-
Net GST paid		(70,653)	-	(84,000)
Total cash used		(8,433,275)	(2,565,269)	(2,777,000)
Net cash from/(used by) operating activities		64,857	452,299	-
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(389,081)	(27,802)	(24,000)
Total cash used		(389,081)	(27,802)	(24,000)
Net cash used by investing activities		(389,081)	(27,802)	(24,000)
FINANCING ACTIVITIES				
Cash received				
Appropriations - Departmental capital budget - Bill 1		47,000	-	24,000
Appropriations - Equity injections - Bill 2		150,000	-	-
Total cash received		197,000	-	24,000
Total cash used		197,000	-	24,000
Net cash from financing activities		197,000	-	24,000
Net (decrease)/increase in cash held		(127,224)	424,497	-
Cash and cash equivalents at the beginning of the reporting period		469,597	45,100	45,000
Cash and cash equivalents at the end of the reporting period	3.1A	342,373	469,597	45,000

The above statement should be read in conjunction with the accompanying notes.

Administered Schedule of Comprehensive Income*for the year ended 30 June 2018*

		2018	2017	Original Budget
	Notes	\$	\$	\$
NET COST OF SERVICES				
Suppliers	2.1	<u>2,841,649</u>	<u>3,565,295</u>	<u>3,726,000</u>
Total expenses		<u>2,841,649</u>	<u>3,565,295</u>	<u>3,726,000</u>
Net cost of services		<u>(2,841,649)</u>	<u>(3,565,295)</u>	<u>(3,726,000)</u>
Deficit		<u>(2,841,649)</u>	<u>(3,565,295)</u>	<u>(3,726,000)</u>

The above schedule should be read in conjunction with the accompanying notes.

Administered Schedule of Assets and Liabilities

as at 30 June 2018

	Notes	2018 \$	2017 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents	4.1A	53,652	121,698	3,000
Trade and other receivables	4.1B	108,925	108,560	131,000
Total financial assets		162,577	230,258	134,000
Total assets administered on behalf of Government		162,577	230,258	134,000
LIABILITIES				
Payables				
Suppliers	4.2	1,223,301	1,028,499	558,000
Total payables		1,223,301	1,028,499	558,000
Total liabilities administered on behalf of Government		1,223,301	1,028,499	558,000
Net liabilities		(1,060,724)	(798,241)	(424,000)

The above schedule should be read in conjunction with the accompanying notes.

Administered Reconciliation Schedule

	2018 \$	2017 \$	Original Budget \$
Opening assets less liabilities as at 1 July	(798,241)	(379,416)	424,000
Net cost of services			
Expenses	(2,841,649)	(3,565,295)	(3,726,000)
Transfers from the Australian Government			
Administered transfers from Australian Government	2,866,431	3,425,409	3,726,000
Appropriation transfers to OPA			
Transfers to OPA	(287,265)	(278,939)	-
Closing assets less liabilities as at 30 June	(1,060,724)	(798,241)	424,000

The above schedule should be read in conjunction with the accompanying notes.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

Revenue collected by the Commission for use by the Government rather than the Commission is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the Commission on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the year ended 30 June 2018

	Notes	2018 \$	2017 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Net GST received		-	10,488	142,000
Total cash received		<u>-</u>	<u>10,488</u>	<u>142,000</u>
Cash used				
Suppliers		(2,646,072)	(3,038,026)	(3,726,000)
Net GST paid		(1,140)	-	(142,000)
Total cash used		<u>(2,647,212)</u>	<u>(3,038,026)</u>	<u>(3,868,000)</u>
Net cash used by operating activities		<u>(2,647,212)</u>	<u>(3,027,538)</u>	<u>(3,726,000)</u>
Cash from Official Public Account				
Appropriations		2,866,431	3,333,917	3,726,000
Total cash from Official Public Account		<u>2,866,431</u>	<u>3,333,917</u>	<u>3,726,000</u>
Cash to Official Public Account				
Appropriations		(287,265)	(187,447)	-
Total cash to Official Public Account		<u>(287,265)</u>	<u>(187,447)</u>	<u>-</u>
Cash and cash equivalents at the beginning of the reporting period				
		<u>121,698</u>	<u>2,766</u>	<u>3,000</u>
Cash and cash equivalents at the end of the reporting period	4.1A	<u>53,652</u>	<u>121,698</u>	<u>3,000</u>

This schedule should be read in conjunction with the accompanying notes.

Overview

Objectives of the National Mental Health Commission

The National Mental Health Commission (the Commission) is a not-for-profit Australian Government controlled entity. The objective of the Commission is to contribute to the Government's agenda to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide.

The Commission provides insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems, and acts as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community. The commission provides cross-sectoral leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia.

The Commission's activities are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the Commission in its own right. Administered activities involve the management or oversight by the Commission, on behalf of the Government, of items controlled or incurred by the Government.

The continued existence of the entity in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the entity's administration and programs.

Comparative Figures for 2017 Financial Year

The comparative 2017 financial year amounts have been reclassified where necessary to conform with the current year's presentation.

The Basis of Preparation

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)*; and
- b) Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

New Accounting Standards

Adoption of New Australian Accounting Standard Requirements

No accounting standard has been adopted earlier than the application date as stated in the standard.

Taxation

The Commission is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses and assets are recognised net of GST except:

- a) where the amount of the GST incurred is not recoverable from the Australian Taxation Office; and
- b) for receivables and payables.

Reporting of Administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Events After the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the Commission.

Correction of prior period error

The Commission received revenue from the Department of Health under a funding agreement to provide administrative services that support the Australian Government's mental health reform agenda. In the 2016-17 Financial Statements, initial billings of \$1.1m was recognised as deferred revenue. However, accounting standards require that the full funding under the agreement should be recognised upon execution. Therefore \$2m of revenue has now been recognised in the 2016-17 year.

for the period ended 30 June 2017

	Previous amount \$	Adjustments \$	Restated amount \$
Own-source revenue			
Sale of goods and rendering of services	-	2,000,000	2,000,000
Other revenue	46,255	-	46,255
Total own-source revenue	46,255	2,000,000	2,046,255
Net cost of services	(2,643,138)	2,000,000	(643,138)
Surplus on continuing operations	111,862	2,000,000	2,111,862

as at 30 June 2017

	Previous amount \$	Adjustments \$	Restated amount \$
Assets			
Financial assets			
Cash and cash equivalents	469,597	-	469,597
Trade and other receivables	2,259,572	900,000	3,159,572
Total financial assets	2,729,169	900,000	3,629,169
Total assets	2,794,893	900,000	3,694,893
 LIABILITIES			
Payables			
Suppliers	394	-	394
Other payables	1,854,294	(1,100,000)	754,294
Total payables	1,854,688	(1,100,000)	754,688
Total liabilities	2,141,777	(1,100,000)	1,041,777
 Net assets	653,116	2,000,000	2,653,116

Financial Performance

This section analyses the financial performance of the National Mental Health Commission for the year ended 30 June 2018

1.1 Expenses

	2018	2017
	\$	\$
1.1A: Employee Benefits		
Wages and salaries	1,987,028	1,381,100
Superannuation:		
Defined contribution plans	163,894	123,000
Defined benefit plans	154,392	104,407
Leave and other entitlements	383,053	168,670
Other employee benefits	10,314	18,696
Total employee benefits	2,698,681	1,795,873

Accounting Policy

Accounting policies for employee related expenses are contained in the People and Relationships section.

1.1B: Suppliers

Goods and services supplied or rendered

Contracted services	971,437	392,373
Travel	75,793	38,298
IT services	29,402	7,039
Property operating expenses	129,403	9,145
Audit fees	32,000	61,000
Conferences and seminars	4,829	17,463
General expenses	50,299	50,786
Total goods and services supplied or rendered	1,293,163	576,104

Goods supplied	35,219	27,996
Services rendered	1,257,944	548,108
Total goods and services supplied or rendered	1,293,163	576,104

Other suppliers

Operating lease rentals	441,102	297,061
Workers compensation expenses	9,692	13,590
Total other suppliers	450,794	310,651
Total suppliers	1,743,957	886,755

Leasing commitments

The Commission has entered in to two new lease agreements:

- i) Philip St, Sydney - Lease commenced on 1 March 2018 and will terminate on 28 February 2023.
- ii) Blackall St, Canberra - Lease commenced on 1 June 2018 and will terminate on 31 May 2023.

Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:

Within 1 year	884,969	234,547
Between 1 to 5 years	3,494,969	-
More than 5 years	-	-
Total operating lease commitments	4,379,938	234,547

Accounting Policy

Leased assets are amortised over the period of the lease. Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

1.2 Own-Source Revenue and Gains

	2018	2017
	\$	\$

1.2A: Sale of Goods and Rendering of Services

Rendering of services	767,716	2,000,000
Total sale of goods and rendering of services	767,716	2,000,000

Accounting Policy

Revenue from the rendering of services is recognised on a straight-line basis over the term of the funding agreement due to the indeterminate number of acts required for the Commission to meet each activity and deliverable milestone.

1.2B: Other Revenue

Interest income	39	255
Resources received free of charge:		
Remuneration of external auditors	32,000	46,000
Total other revenue	32,039	46,255

Accounting Policy

Resources Received Free of Charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

1.2C: Revenue from Government

Appropriations		
Departmental appropriations	2,712,000	2,755,000
Total revenue from Government	2,712,000	2,755,000

Income and Expenses Administered on Behalf of Government

This section analyses the activities that the National Mental Health Commission does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

2.1 Administered - Expenses

for the year ended 30 June 2018

	2018	2017
	\$	\$
2.1: Suppliers		
Goods and services supplied or rendered		
Outsourced providers and contractors	1,809,768	2,739,194
Travel	321,564	264,840
IT services	1,885	3,269
General expenses	708,432	557,992
Total goods and services supplied or rendered	2,841,649	3,565,295
Services rendered	2,841,649	3,565,295
Total goods and services supplied or rendered	2,841,649	3,565,295
Total suppliers	2,841,649	3,565,295

Financial Position

This section analyses the National Mental Health Commission's assets and liabilities.

3.1 Financial Assets

	2018	2017
	\$	\$

3.1A: Cash and Cash Equivalents

Cash on hand or on deposit	342,373	469,597
Total cash and cash equivalents	342,373	469,597

Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents include cash on hand and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value

3.1B: Trade and Other Receivables

Goods and services receivables

Goods and services	355,670	2,742,924
Total goods and services receivables	355,670	2,742,924

Appropriations receivables

For existing programs	1,175,828	148,226
Equity injection & Departmental capital budget	32,098	241,098
Total appropriations receivables	1,207,926	389,324

Other receivables

Leave provisions receivables	-	10,009
GST receivable from the Australian Taxation Office	87,967	17,315
Total other receivables	87,967	27,324
Total trade and other receivables (gross)	1,651,563	3,159,572
Total trade and other receivables (net)	1,651,563	3,159,572

Accounting Policy

Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments and that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment.

3.2 Non-Financial Assets

3.2: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles:

Reconciliation of the opening and closing balances for 2018

	Leasehold improvements	Plant and equipment	Computer Software	Total
	\$	\$	\$	\$
As at 1 July 2017				
Gross book value	12,840	46,161	24,505	83,506
Accumulated depreciation, amortisation and impairment	(8,741)	(9,056)	(24,505)	(42,302)
Total as at 1 July 2017	4,099	37,105	-	41,204
Additions:				
Purchased	1,422,049	-	-	1,422,049
Depreciation and amortisation	(62,127)	(9,047)	-	(71,174)
Disposals:				
Other (gross book value)	(12,840)	(5,161)	-	(18,001)
Other (accumulated depreciation)	12,840	1,247	-	14,087
Total as at 30 June 2018	1,364,021	24,144	-	1,388,165
Net book value as at 30 June 2018 represented by				
Gross book value	1,422,049	41,000	24,505	1,487,554
Accumulated depreciation, amortisation and impairment	(58,028)	(16,856)	(24,505)	(99,389)
Total as at 30 June 2018	1,364,021	24,144	-	1,388,165

Accounting Policy

Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in property leases taken up by the Commission where there exists an obligation to restore the property to its original condition. These costs are included in the value of the Commission's leasehold improvements with a corresponding provision for the 'make good' recognised.

Revaluations

Following initial recognition at cost, property, plant and equipment is carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation and/or amortisation rates applying to each class of asset are based on the following useful lives:

<u>Asset Class</u>	<u>2017-18</u>
Leasehold improvements	Lease term
Plant and Equipment	3-4 years
Software	3-7 years

Impairment

All assets were assessed for impairment at 30 June 2018. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

The Commission's intangibles comprise purchased and internally developed software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. All software assets were assessed for indications of impairment as at 30 June 2018.

3.3 Payables

	2018	2017
	\$	\$
3.3A: Suppliers		
Trade creditors and accruals	87,272	394
Total suppliers	87,272	394

Settlement is usually made within 30 days with all supplier payables expected to be settled in the next 12 months.

3.3B: Other Payables

Salaries and wages	18,097	41,017
Superannuation	3,054	1,818
Lease incentive	1,042,271	11,459
Prepayments received/unearned income	482,287	700,000
Total other payables	1,545,709	754,294

Accounting Policy

Financial Liabilities

Supplier payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Unearned Income

Unearned income represents assets received from another party in advance of the Commission fulfilling its contracted obligations. The Commission releases unearned income to revenue when the services required to be performed have been performed.

Lease Incentive

The lease incentive is capitalised at the inception of the lease as part of property, plant and equipment and is amortised over the life of the asset.

3.4 Other Provisions

	Provision of makegood \$	Total \$
As at 1 July 2017	56,220	56,220
Additional provisions made	70,110	70,110
Amounts used	(56,220)	(56,220)
Amounts reversed	-	-
Unwinding of discount or change in discount rate	-	-
Total as at 30 June 2018	70,110	70,110

The Commission terminated a lease and the premises were restored using the provision. It entered into two new lease agreements during the financial year and one of them requires provision of makegood to be made.

Assets and Liabilities Administered on Behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result. The National Mental Health Commission does not control these assets and liabilities but administers them on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

4.1 Administered - Financial Assets

	2018	2017
	\$	\$

4.1A: Cash and Cash Equivalents

Cash on hand or on deposit	53,652	121,698
Total cash and cash equivalents	53,652	121,698

4.1B: Trade and Other Receivables

Other receivables		
GST receivable from the Australian Taxation Office	108,925	108,560
Total other receivables	108,925	108,560
Total trade and other receivables	108,925	108,560

4.2 Administered - Payables

	2018	2017
	\$	\$

4.2: Suppliers

Trade creditors and accruals	1,223,301	1,028,499
Total suppliers	1,223,301	1,028,499

Settlement is usually made within 30 days with all supplier payables to be settled in the next 12 months.

Funding

This section identifies the National Mental Health Commission's funding structure.

5.1 Appropriations

5.1A: Annual Appropriations ('Recoverable GST exclusive')

	Annual Appropriation 2018 \$	Annual appropriation 2017 \$
Departmental		
Ordinary annual services	2,712,000	2,755,000
Receipts retained under PGPA Act - Section 74	3,877,954	-
Capital budget	24,000	23,000
Other services		
Equity injections	-	150,000
Total departmental appropriation	6,613,954	2,928,000
Appropriation applied (current and prior years)	(5,886,576)	(2,689,716)
Variance	727,378	238,284
Administered		
Ordinary annual services	3,726,000	3,685,000
Total administered appropriation	3,726,000	3,685,000
Appropriation applied (current and prior years)	(1,851,041)	(3,022,379)
Variance	1,874,959	662,621

5.1B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2018	2017
	\$	\$
Departmental		
<i>Appropriation Act (No. 1) 2014-2015 - Capital Budget</i>		36,000
<i>Appropriation Act (No. 1) 2015-2016 - Capital Budget¹</i>	32,098	32,098
<i>Appropriation Act (No. 1) 2016-2017</i>		148,226
<i>Appropriation Act (No. 1) 2016-2017 - Capital Budget</i>		13,000
<i>Supply Act (No. 1) 2016-2017 - Capital Budget</i>		10,000
<i>Appropriation Act (No. 2) 2016-2017</i>		150,000
<i>Appropriation Act (No. 1) 2016-2017 - cash held by the Commission</i>		469,597
<i>Appropriation Act (No. 1) 2017-2018</i>	1,175,827	-
<i>Appropriation Act (No. 1) 2017-2018 - cash held by the Commission</i>	342,373	-
Total departmental	1,550,298	858,921
Administered		
<i>Appropriation Act (No. 1) 2015-2016</i>		918,474
<i>Appropriation Act (No. 1) 2016-2017</i>	-	665,412
<i>Supply Act 1 2016-2017</i>	-	137,689
<i>Appropriation Act (No. 1) 2016-2017 - cash held by the Commission</i>	-	121,698
<i>Appropriation Act (No 1) 2017-2018</i>	1,943,005	-
<i>Appropriation Act (No 1) 2017-2018 - cash held by the Commission</i>	53,652	-
Total administered	1,996,657	1,843,273

Commentary:

¹- This balance lapsed on 1 July 2018 in accordance with the repeal date of the underlying Appropriation Act.

People and relationships

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

6.1 Employee Provisions

	2018	2017
	\$	\$
6.1: Employee Provisions		
Leave	453,304	230,869
Total employee provisions	453,304	230,869
Employee provisions expected to be settled		
No more than 12 months	159,320	95,029
More than 12 months	293,984	135,840
Total employee provisions	453,304	230,869

Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been calculated using the Australian Government short hand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. The Commission recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the reporting period.

The Commission also contributes to a number of complying funds to discharge the Authority's liability in regard to individual employees and the *Superannuation Guarantee (Administration) Act 1992* as well as to facilitate the salary sacrifice options of employees

6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly, including any director (whether executive or otherwise). The Commission has determined the key management personnel to be the Portfolio Minister and the Chief Executive Officer. Key management personnel remuneration is reported in the table below:

	2018 \$	2017 \$
Short-term employee benefits	295,495	310,041
Post-employment benefits	45,540	50,390
Other long-term employee benefits	35,005	27,727
Total key management personnel remuneration expenses¹	376,040	388,158

The total number of key management personnel that are included in the above table are three (the Portfolio Minister and there were two occupants of the CEO position during 2017-18); (2017: two).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

6.3 Related Party Disclosures

Related party relationships:

The Commission is an Australian Government controlled entity. Related parties to the Commission are Key Management Personnel, including the Portfolio Minister, the Commission's Chief Executive Officer and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment for shared services. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Commission, it has been determined that there are no related party transactions to be separately disclosed.

Managing uncertainties

This section analyses how the Commission manages financial risks within its operating environment.

7.1 Financial Instruments

	2018	2017
	\$	\$
7.1: Categories of Financial Instruments		
Loans and receivables		
Cash and cash equivalents	342,373	469,597
Goods and services receivable	355,670	2,742,924
Total loans and receivables	698,043	3,212,521
Total financial instruments (assets)	698,043	3,212,521
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	87,272	394
Total financial liabilities measured at amortised cost	87,272	394
Total financial instruments (liabilities)	87,272	394

Accounting Policy

Financial Assets

The Commission classifies its financial assets in the following categories:

- held-to-maturity investments; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. Financial assets are recognised and derecognised upon trade date.

Loans and Receivables

Trade and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. The Commission did not have any loans during 2017-18. Receivables are measured at cost less impairment.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period.

If there is an indication that receivables may be impaired, the Commission makes an estimation of the receivables' recoverable amount. When the carrying amount of the receivable exceeds the recoverable amount, it is considered impaired and it is written down to its recoverable amount.

Financial Liabilities

The Commission's financial liabilities consist of trade creditors and other payables. These liabilities are recognised at their nominal amounts, being the amounts which the Commission expects the liabilities will be settled. Liabilities are recognised to the extent the goods and services have been received (and irrespective of having been invoiced).

Note 7.2: Contingent Assets and Liabilities

There are no contingent assets or liabilities in current year or prior year.

Quantifiable Contingencies

There were no estimated contingent liabilities as at 30 June 2018.

Unquantifiable Contingencies

There were no unquantifiable contingent liabilities as at 30 June 2018.

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

Administered

Note 7.2B Contingent Assets and Liabilities

Quantifiable Administered Contingencies

There were no estimated contingent liabilities as at 30 June 2018.

Unquantifiable Administered Contingencies

There were no unquantifiable contingent liabilities as at 30 June 2018.

7.3 Fair Value Measurement

Fair value measurements at the end of the reporting period

	2018	2017
	\$	\$
Financial assets		
Cash on hand or on deposit	342,373	469,597
Total Financial assets	342,373	469,597
Non-financial assets		
Property, plant and equipment	1,388,165	41,204
Total non-financial assets	1,388,165	41,204
Financial liabilities		
Trade creditors and accruals	87,272	394
Other payables	1,545,709	754,294
Total financial liabilities	1,632,981	754,688
Non-financial liabilities		
Employee provisions	453,304	230,869
Total non-financial liabilities	453,304	230,869

Accounting Policy

Following initial recognition at cost, property, plant and equipment is carried at fair value less subsequent accumulated depreciation and accumulated impairment losses.

Valuations are conducted with sufficient frequency to ensure the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

The Commission's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all non-financial assets is considered their highest and best use.

The Commission's policy is to recognise transfers into and transfers out of fair value hierarchy levels as at the end of the reporting period. There have been no transfers between level 1 and level 2 of the hierarchy during the year.

Budget Variance

Note 8: Explanations of Major Budget Variances

Variances are considered to be 'major' if they are core to the Commission's activities and based

- the variance between budget and actual is greater than +/- 10% of the original budget for a line
- an item is below this threshold but is considered important for the reader's understanding or is relevant to an assessment of the discharge of accountability and to an analysis of the Commission's performance.

The budget is not audited.

Budget Variance Explanation	Affected statements and line items
<p>The Commission was tasked with additional responsibilities to monitor, report and provide advice on mental health and suicide prevention reforms, and report on the progress of implementation of the Fifth National Mental Health and Suicide Prevention Plan. The Commission received revenue from the Department of Health under a funding agreement to undertake these additional responsibilities and has used these funds to increase staffing and other resources. The Commission entered into two new lease arrangements which it has also fitted out to accommodate the increase in staff.</p> <p>The estimates for this funding agreement were not known at the time of the preparation of the original budget.</p>	<p>Statement of Comprehensive Income:</p> <ul style="list-style-type: none"> - Employee benefits - Suppliers - Depreciation and amortisation - Sale of goods and rendering of services <p>Statement of Financial Position:</p> <ul style="list-style-type: none"> - Trade and other receivables - Leasehold improvements - Other payables - Employee provisions - Other provisions <p>Cash Flow Statements:</p> <ul style="list-style-type: none"> - Appropriations (s74) - Employees - Suppliers - Section 74 receipts transferred to the OPA
<p>The estimates for auditors' remuneration were not split out as a separate line item in the original budget.</p>	<p>Statement of Comprehensive Income</p> <ul style="list-style-type: none"> - Other revenue

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Glossary of abbreviations and acronyms

Commission: The Chair, Commissioners and Chief Executive Officer.

Contributing Life: A fulfilling life where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, wellbeing and health care. It means having a safe, stable and secure home and having something to do each day that provides meaning and purpose, whether it is a job, supporting others or volunteering.

Council of Australian Governments (COAG): the peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association.

Formal Commission meeting: full meetings of the Commission, of which there will be a minimum of six per year in accordance with the Operating Principles. The Commission may also conduct business out-of-session.

Fifth Plan: Fifth National Mental Health and Suicide Prevention Plan.

Mental health: a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community (World Health Organization definition).

Mental illness: disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally. They include anxiety disorders, depression and schizophrenia.

Secretariat: support provided for meetings of the Commissioners.

Support person: a person whose life is affected by virtue of a family or close relationship role with a person with mental illness.

AAGSP: Australian Advisory Group on Suicide Prevention

AASB: Australian Accounting Standards Board

ABS: Australian Bureau of Statistics

ACMHN: Australian College of Mental Health Nurses

AHURI: Australian Housing and Urban Research Institute

AIDA: Australian Indigenous Doctors' Association

AIME: Australian Indigenous Mentoring Experience

AIHW: Australian Institute of Health and Welfare

AMHLF: Australian Mental Health Leaders Fellowship (the Fellowship)

ARACY: Australian Research Alliance for Children and Youth

ASL: Average Staffing Level

CEO: Chief Executive Officer

CP: Corporate Plan

CSU: Charles Sturt University

COAG: Council of Australian Governments

DCB: Departmental Capital Budget

ESD: ecologically sustainable development

EWIC: Equally Well Implementation Committee

FOI: Freedom of Information

FRR: Financial Reporting Rule

GST: Goods and Services Tax

IPS: Information Publication Scheme

KPI: Key Performance Indicator

MHISSC: Mental Health information Strategy Standing Committee

MHWA: Mentally Healthy Workplace Alliance (the Alliance)

NDIS: National Disability Insurance Scheme

NATSILMH: National Aboriginal and Torres Strait Islander Leadership in Mental Health

NHMRC: National Health and Medical Research Council

NMHRs: National Mental Health Research Strategy

OPA: Official Public Account

PBS: Portfolio Budget Statements

PGPA Act: Public Governance, Performance and Accountability Act 2013 (Cth)

PHN: Primary Health Network

PRIDoC: Pacific Region Indigenous Doctors' Congress

SQPSC: Safety and Quality Partnership Standing Committee

List of Requirements			
PGPA Rule Reference	Page Reference	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page 3	A copy of the letter of transmittal signed and dated by the accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	Page 4	Table of contents.	Mandatory
17AJ(b)	Page 75	Alphabetical index.	Mandatory
17AJ(c)	Page 76	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 78	List of requirements.	Mandatory
17AJ(e)	Page 2	Details of contact officer.	Mandatory
17AJ(f)	Page 2	Entity's website address.	Mandatory
17AJ(g)	Page 2	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Page 7	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 11	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 13	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 11	A description of the outcomes and programs administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 11	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(b)	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	<i>Annual performance Statements</i>		
17AD(c)(i); 16F	Pages 19-34	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory

17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Pages 35-36	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 35	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Pages 35-36	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	Management and Accountability		
	Corporate Governance		
17AG(2)(a)	Page 38	Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)	Page 38	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 38	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page 38	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 37	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 37	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
	External Scrutiny		
17AG(3)	Page 38	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 38	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Page 38	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 38	Information on any capability reviews on the entity that was released during the period.	If applicable, Mandatory

Management of Human Resources			
17AG(4)(a)	Page 38	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(b)	Page 39	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on full-time employees; • Statistics on part-time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as indigenous. 	Mandatory
17AG(4)(c)	Pages 38-39	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Pages 38-39	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 40	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 38	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 39	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	n/a	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory
Purchasing			
17AG(6)	Page 40	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory

	Consultants		
17AG(7)(a)	Page 40	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 40	A statement that <i>“During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]”</i> .	Mandatory
17AG(7)(c)	Page 40	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 40	A statement that <i>“Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website.”</i>	Mandatory
	Australian National Audit Office Access Clauses		
17AG(8)	Page 40	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
	Exempt contracts		
17AG(9)	Page 40	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory

	Small business		
17AG(10)(a)	Page 40	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory
17AG(10)(b)	Page 40	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
	Financial Statements		
17AD(e)	Page 45	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	Page 41	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 41	A statement that “Information on grants awarded to [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	Page 41	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 41	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	n/a	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 41-42	Information required by other legislation.	Mandatory